



STATE OF HAWAII
DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS
HAWAII OCCUPATIONAL SAFETY & HEALTH DIVISION

APPLICATION FOR CERTIFICATE OF FITNESS
(EXPLOSIVES)

*****HIOSH USE ONLY*****

COF No. _____
COF Exp. Date: _____
Verified ID: _____
Check No. _____
Check Date: _____
Check Amount: _____

COMPLETE APPLICATION MUST BE TYPED OR CLEARLY PRINTED IN BLACK INK

TYPE OF APPLICATION: (Check the appropriate box) <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Renewal and Revision		CERTIFICATE OF FITNESS NUMBER: (For Renewals Only)
CLASS: (For multiple applications, check all appropriate boxes) <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C		

A. PERSONAL DATA

FULL NAME OF APPLICANT: (Enter Last, First, Middle Initial)		ALIAS(ES) OR FORMER NAME(S), INCLUDING MAIDEN NAME:				
MAILING ADDRESSES:		STREET ADDRESSES OR P.O. BOX		CITY	STATE	ZIP CODE + 4
SOCIAL SECURITY NUMBER:		HOME PHONE:		BUSINESS PHONE:		
DATE OF BIRTH:	SEX:	HEIGHT:	WEIGHT:	COLOR OF EYES:	COLOR OF HAIR:	
OTHER DISTINGUISHING FEATURES:						

B. CITIZENSHIP (Check the appropriate boxes)

COUNTRY OF CITIZENSHIP:	<input type="checkbox"/> Native Born <input type="checkbox"/> Naturalized
a. If you are not a citizen of the United States, are you illegally or unlawfully in the United States?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Have you ever renounced your United States citizenship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to any of the above, when and explain: _____	

C. EMPLOYMENT DATA

EMPLOYER: (Name and Address)	APPLICANT'S POSITION AND TITLE, WITH EMPLOYER:
	HOW LONG APPLICANT HAS BEEN EMPLOYED IN PRESENT POSITION, WITH EMPLOYER:

D. EDUCATION (Attach a separate sheet if more space is required)

DESCRIPTION (High School, College, Trade School)	DIPLOMA/DEGREE ATTAINED	YEAR OF COMPLETION

E. TRAINING DATA (Attach a separate sheet if more space is required)

Indicate by date and place your experience and training with reference to the transporting, storing, handling, and use of explosives, or attach resume:
List any training classes attended within the last 3 years related to explosives, pyrotechnics, use or safety: (Attach a photocopy of the following for all certified training: course outline; instructor's name, address, phone number; training certificate)

Continued on the back of this page

F. CRIMINAL HISTORY (Check the appropriate boxes)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of any felony or misdemeanor anywhere in the United States punishable by jail sentence? If "Yes": What were you convicted of? _____ Date(s) of Conviction: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you a fugitive from justice? If "Yes", explain: _____

G. PHYSICAL AND MENTAL CONDITIONS (Check the appropriate boxes)

Do you have any of the following, which may interfere with the performance of your duties or interfere with the use or supervision of the use of explosive materials?

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Physical or mental condition	<input type="checkbox"/>	<input type="checkbox"/>	Defect
<input type="checkbox"/>	<input type="checkbox"/>	Disease	<input type="checkbox"/>	<input type="checkbox"/>	Disability
<input type="checkbox"/>	<input type="checkbox"/>	Illness			

If "Yes" to any of the above, explain: _____

H. SUBSTANCE USE (Check the appropriate boxes)

Do you use any of the following?		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Non-prescribed narcotic, drug, or controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol or any substance, to an extent which could interfere with the performance of your duties or interfere with the use or supervision of the use of explosive materials?
If "Yes" to any of the above, explain: _____		

I. ORGANIZATIONS (Check the appropriate box)

Do you belong to any organization or group that advocates the violent overthrow of or violent action against any federal, state, or local government?		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	If "Yes", please name organization: _____

J. EXAMINATION (Check the appropriate box)

INDICATE PREFERRED LOCATION FOR EXAMINATION:	INDICATE PREFERRED MONTH FOR EXAMINATION:
<input type="checkbox"/> Honolulu <input type="checkbox"/> Maui <input type="checkbox"/> Hilo	
<input type="checkbox"/> Kauai <input type="checkbox"/> Kona	IF NOT, NEXT OPENING:

TOTAL APPLICATION FEE: (Make check payable to "Director of Finance". The canceled check is your receipt.)

\$

CERTIFICATION:

I certify that all responses and statements made on this application for Certificate of Fitness are true and complete to the best of my knowledge and that any misrepresentation or omission is sufficient grounds for the denial or revocation of a Certificate of Fitness and punishable under the criminal laws of the State of Hawaii.

SIGNATURE OF APPLICANT	PRINT NAME	DATE
------------------------	------------	------

Return completed form and check to: Hawaii Occupational Safety & Health Division
Department of Labor & Industrial Relations
830 Punchbowl Street, Room 425
Honolulu, Hawaii 96813

Revised: 4/1/03